



Physician Phlebotomy Supply Requisition

Please fax supply requisition form to (416) 449-6458. Allow 4 working days for delivery.

Physician's Name: _____ Phone #: _____ Date of Order: _____
Address: _____ Ordered By: _____

Vacutainer Tubes	Code	Quantity	*For Colon Cancer Check Occult Blood kits use dedicated order form		
6 ml Dark Blue Plain	12008	each			
6 ml Dark Blue with EDTA	12009	each			
10 ml Green with Heparin	12010	each			
10 ml Red Plain	12025	100/box			
8.5 ml SST	12027	100/box			
4 ml Lavender	12029	100/box			
4.5 ml Blue	12030	each			
Collection Kits					
Culture Swab – Charcoal	13101	50/pkg			
Culture Swab – Clear	13102	50/pkg			
Chlamydia Kit	13103	each			
Stool O&P Kit	13104	each			
Stool Culture Kit	13105	each			
Occult Blood (Non-CCC) Kits	13107	each			
Pinworm Kit	13108	each			
Blood Culture Bottles	13109C	bottle			
Fungus Kit		each			
B.P. (Whooping Cough) Kit		each			
Virus S. W. Kit		each			
Urine Collection Collection					
Antiseptic Towellettes	10002	100/box			
Pediatric Urine Collectors	13001	10/box			
90 ml Urine Bottles	13002	100/bag			
24 Hour Urine Container	13004	each			
Bag for Urine Bottles	17002B	100/pkg			
Urine Separation Tube w/o preservative	21009A	each			
Urine Separation Tube w/ preservative	21009B	each			
			*CCC Occult Blood Kit Order Forms		each
			Cytology & Histology		
			Formalin Biopsy Bottle	13112	each
			Cytobrush	29005	each
			PAP Kit in White Alpha Folder	29031	each
			PAP Liquid Based Collection Vial with Broom	29035X	each
			Histology Requisition Form		pad
			Cytology Requisition Form		pad
			Multi-sample Needles		
			21G x 1 1/4"	11002A	100/box
			22G x 1 1/4"	11004A	100/box
			Bandages / Wipes		
			Alcohol Preparation Pads	10001	200/box
			Band Aids	10003	100/box
			Cotton Balls	10005	2000/box
			Miscellaneous Supplies		
			Needle Holder	11507	each
			Sharp's Container – 5L	17011	each
			Specimen Ziplock Bags	17001	100/pkg
			Glucodex – 50 g	38001	each
			Glucodex – 75 g	38002	each
			Tourniquet	45009	each
			Physician Phlebotomy Supply Requisition		pad

Comments: _____

- For Internal Use Only -

Order filled by: _____ Date: _____

Submit